CENTE	RS FOR MEDICAR T OF DEFICIENCIES	H AND I. AN SERVICES E & MEDICAID SERVICES		See Time Extension reques	T OMB NO	/ APPRO ), 0938-0	
ND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IPLE CONSTRUCTION	(X3) DATE (	(X3) DATE SURVEY COMPLETED	
			A BUILOIN	OF A MAIN DOICOMO ()	COMP	.e.ieu	
		445314	B. WING _		05/	18/2010	
	ROVIDER OR SUPPLIER	•	ST	REET ADDRESS, CITY, STATE, ZIP COI			
LIFE CA	re center of mor	RISTOWN		01 WEST ECONOMY ROAD			
(X4) ID	SUMMARY ST	ATEMENT OF DEPICIENCIES	<del></del>	ORRISTOWN, TN 37814		····	
PRÉFIX TAG	) (EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(XS) COMPLE DATE	
K 000	INITIAL COMMEN	T\$	K029				
	42 CFR 483.70(a) K3 BUILDING: 1-story Type V (111), unprotected, combustible construction with a complete automatic sprinkler system, K6 PLAN APPROVAL: 1973 K7 SURVEY UNDER: 2000 EXISTING K8 SNF/NF NFPA 101 LIFE SAFETY CODE STANDARD		What corrective steps will be taken to 6-2			6-29-	
			The penetration through the ceiling was sealed with fire rated caulk on 5-19-2010.  How you will identify other residents  having the potential to be affected by				
K 029							
SS=D			the s	ame deficient practice and	what		
	One hour fire rated construction (with 3/4 hour fire-rated doors) or an approved automatic fire extinguishing system protects hazardous areas in accordance with 8.4.1 and/or 19.3.5.4. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and		corr	ective action will be taken i	•		
-			-	esidents affected this is not		1	
				lent care area. A bouse wid			
ı				ssment by Maintenance Ass			
-				reas where wall penetration arred will be conducted to a		ĺ	
	doors. Doors are s	elf-closing and non-rated or			32688 101	}	
]	field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1			aled area(s).	_		
-			vena what	measures will be put into	place or	ĺ	
	P-1111100. 15.0.2	. •	to en	systematic changes you w sure that the deficient prac	ill make		
			does	not recur?	nce	1	
- 1	This STANINARD is	not make a midden and to		terly assessment by Mainter	nanco		
	This STANDARD is not met as evidenced by: Based on observation and interview, the facility		A8800	ciates of the physical plant	for avege		
	falled to assure haz:	ardous area 's one (1) hour	or por	tential issue that seal is wor	m n <del>r</del>		
	me rated construction deficient practice of	on is maintained. This fected one of six smoke	nonex	distent and follow-up behind	đany l		
	compartments.	AAGM OUG OF SIX STRICKS	contra	ictor or vendor who has per	formed		
1	The findings include		WUIK ggente	for facility will be conducted	ed to		
[	Observation and inte Director, on May 18,	erview with the Maintenance	penety	no unscaled areas at wall			
- 1	confirmed the 100 h	all hot water heater vent	- 1				
	penetration through	the celling was not sealed		he corrective action(s) will	be		
	and had a one-inch gap around the vent pipe exposing wood frame construction to the attic.		praetie	ored to ensure the deficience will not recur, i.e., what	f.		
K 038	VFPA 101 LIFE SAF	ETY CODE STANDARD	assura	nce program will be put in	quanty		
\$\$⊭E			place?	x -o- and trees of hit in	r.v		
RATORY	* (1	R/SUPPLIER REPRESENTATIVE'S SIGNA'	TURE	TITLE GD	06/0	X6) DATE	
deficiency	statement ending with a	asterisk (*) denotes a deficiency which	the institution	may be excused from correction and	udalina it in alaba	ningel He il	
ving the da	ite of survey whether or i	ection to the patients. (See Instructions.) not a plan of correction is provided. For it is are made available to the facility. If de	Except for ni Bursian home	Irsing homes, the findings stated abo s, the above findings and plans of ac-	ove are disclosab	le 90 da	

Event ID: IMX721 Facility ID: TN3202

If continuation sheet Page 1 of 4

DEPAR	RTMENT OF HEALT	HAND HUAN SERVICES				PRINTS	D: <b>0</b> 5/20/2010	
CENT	ERS FOR MEDICARI	& MEDICAID SERVICES				FOR	M APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IES IVI) PROVIDENCE INC.		(X2) MULTIPLE CONSTRUCTION			OMB NO. 0938-039 (X3) DATE SURVEY	
			A. BUI	•	01 - MAIN BUILDING 01	COMP	LETED	
NAME OF	PROVIDER OR SUPPLIER	445314	B. WIN			05	/18/2010	
	ARE CENTER OF MOR	RISTOWN		STREE 501	T ADDRESS, CITY, STATE, ZIP CODE WEST ECONOMY ROAD			
	<u> </u>				RRISTOWN, TN 37814			
(X4) ID PREFIX TAG	I (MACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	ill n ae	(X5) COMPLETION DATE	
	42 CFR 483.70(a) K3 BUILDING: 1-si unprotected, combi- complete automatic K6 PLAN APPROV. K7 SURVEY UNDE K8 SNF/NF NFPA 101 LIFE SAI One hour fire rated of fire-rated doors) or a extinguishing system accordance with 8.4 the approved autom option is used, the a other spaces by smodoors. Doors are se field-applied protectif 48 inches from the b permitted. 19.3.2.  This STANDARD is Based on observation failed to assure haza fire rated construction deficient practice affectompartments. The findings include:	sory Type V (111), istible construction with a sprinkler system. AL: 1973 R: 2000 EXISTING FETY CODE STANDARD construction (with 3/4 hour an approved automatic fire in protects hazardous areas in 1 and/or 19.3.5.4. When atic fire extinguishing system reas are separated from oke resisting partitions and if-closing and non-rated or we plates that do not exceed oftom of the door are in and Interview, the facility rodus area is one (1) hour in is maintained. This ected one of six smoke	devel 2010 Direct Nursi Social Mana Regis Mana Busin Record Activ  K038  K038  W  con Ex do ad "p" op. 6-1  How having the second All r	oped Pl motor, El mor,	ance Improvement Plan will and be presented at the Junceting. PI members: Medical Executive Director, Director assistant Director of Nursing vices, RN/LPN Unit Pharmacy Consultant, Dietitian, Certified Dietary Rehab Services Manager, Office Manager, Medical admissions Coordinator and Director.  **Orrective steps will be taken this alleged deficient practions exiting from dining room iting from Secured Unit willed with signage that reflects in 15 seconds". Completion	of  ito  ice?  and  be  by	6-29-10	
K 038 SS=E	Director, on May 18, confirmed the 100 ha penetration through ti and had a one-inch gexposing wood frame NFPA 101 LIFE SAF	If hot water heater vent he ceiling was not sealed ap around the vent pipe construction to the attic. ETY CODE STANDARD	Asso exits when secon K 038	ciates to de push ids pa	will affix the signage to the note ability of doors to oper led, alarm sounds and 15 ass.	ese		
INTORY	OLUGO LORG OK PROVIDE	NSUPPLIER REPRESENTATIVE'S SIGNA	\TURE		TITLE		(Xe) DATE	

Any deficiency statement ending with an esterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 program participation.

FORM CMS-2597(02-99) Previous Versions Obsolete

Event ID: IMX721

Facility ID: TN8202

If continuation sheet Page (1074

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 61 B. WING 445314 05/18/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **501 WEST ECONOMY ROAD** LIFE CARE CENTER OF MORRISTOWN MORRISTOWN, TN 37814 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID JD PREFIX (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY) What measures will be put into place or Continued From page 1 what systematic changes you will make Exit access is arranged so that exits are readily to ensure that the deficient practice accessible at all times in accordance with 7.1. 19.2.1 does not recur? All exit doors will be assessed by Maintenance Associates for appropriate signage quarterly to make sure it is This STANDARD is not met as evidenced by: intact, in good repair and visible. Based on observation and interview, the facility failed to provide instructional signage for How the corrective action(s) will be operation of three (3) of nine (9) observed exit monitored to ensure the deficient doors with delayed-egress magnetic locks. This practice will not recur, i.e., what quality deficient practice affected two of six smoke assurance program will be put into compartments. place? Findings include: Observation and interview with the Maintenance A Performance Improvement Plan will Director, on May 18, 2010 at 1:20 p.m. confirmed be initiated immediately and will be two exits exiting the dining room and one door reviewed in June 2010 PI Committee exiting the Secured Unit had delayed-egress Meeting. Members include: Medical magnetic locking hardware and was not provided Director, Executive Director, Director of with a sign reading, "PUSH UNTIL ALARM SOUNDS - DOOR CAN BE OPENED IN 15 Nursing, Assistant Director of Nursing, SECONDS ".( NFPA 101, Sec. 7.2.1.6.1). Social Services, RN/LPN Unit K 045 NFPA 101 LIFE SAFETY CODE STANDARD Managers, Phannacy Consultant. SS=E Registered Dietitian, Certified Dietary Illumination of means of egress, including exit discharge, is arranged so that failure of any single Manager, Rehab Services Manager, lighting fixture (bulb) will not leave the area in Business Office Manager, Medical darkness. (This does not refer to emergency Records, Admissions Coordinator and lighting in accordance with 7.8.) Activities Director **K**045 .18 6-29-10 This STANDARD is not met as evidenced by: What corrective steps will be taken to Based on observation and interview, the facility correct this alleged deficient practice? failed to assure outside exits were lighted. All outside exits were assessed by The findings include: Maintenance Associates for appropriate Observation with the Maintenance Director, on lighting, bulbs changed that were May 18, 2010 at 2:30 p.m. confirmed the outside

**IN SERVICES** 

lights at the exits from the 200 long hall, 300 long

DEPARTMENT OF HEALTH AND HL

inoperable. Completed 5-20-2010

PRINTED: 05/20/2010

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PRÖVIDER/SUPPLIER/ÇLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 445314 05/18/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 501 WEST ECONOMY ROAD LIFE CARE CENTER OF MORRISTOWN MORRISTOWN, TN 37814 SUMMARY STATEMENT OF DEFICIENCIES IO PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) How you will identify other residents K 038 Continued From page 1 having the potential to be affected by Exit access is arranged so that exits are readily accessible at all times in accordance with 7.1. the same deficient practice and what 19,2,1 corrective action will be taken? In the event of an emergency all residents could be affected. All light bulbs were assessed by Maintenance Associates for This STANDARD is not met as evidenced by: Based on observation and interview, the facility operation and were replaced if needed. failed to provide instructional signage for What measures will be put into place or operation of three (3) of nine (9) observed exit doors with delayed-egress magnetic locks. This what systematic changes you will make deficient practice affected two of six smoke to ensure that the deficient practice compartments. does not recur? Findings include: Light bulbs to outside lights will be Observation and Interview with the Maintenance assessed by Maintenance Associates for Director, on May 18, 2010 at 1:20 p.m. confirmed two exits exiting the dining room and one door operation and effectiveness on a weekly exiting the Secured Unit had delayed-egress round and as needed. magnetic locking hardware and was not provided How the corrective action(s) will be with a sign reading, "PUSH UNTIL ALARM SOUNDS - DOOR CAN BE OPENED IN 15 monitored to ensure the deficient SECONDS " (NFPA 101, Sec. 7,2,1,6,1) practice will not recur, i.e., what quality K 045 NFPA 101 LIFE SAFETY CODE STANDARD assurance program will be put into SS=E place? Illumination of means of egress, including exit A Performance Improvement Plan will discharge, is arranged so that failure of any single be developed to address exit lightings lighting fixture (bulb) will not leave the area in and future monitoring of operation of darkness. (This does not refer to emergency lighting in accordance with 7.8.) these lights and presented at June 2010 PI Committee Meeting, Medical Director, Executive Director, Director of Nursing, Assistant Director of Nursing. This STANDARD is not met as evidenced by: Based on observation and interview, the facility Social Services, RN/LPN Unit failed to assure outside exits were lighted. Managers, Pharmacy Consultant, The findings include: Registered Dietitian, Certified Dietary Observation with the Maintenance Director, on Manager, Rehab Services Manager. May 18, 2010 at 2:30 p.m. confirmed the outside Business Office Manager, Medical lights at the exits from the 200 long hall, 300 long Records, Admissions Coordinator and

PRINTED: 05/20/2010

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DEPARTMENT OF HEALTH AND HULLIN SERVICES

Activities Director

PRINTED: 05/20/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		DATE SURVEY COMPLETED
		445314	B. WING	05/18/2010
NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF MORRISTOWN			STREET ADDRESS, CITY, STATE, ZIP CODE 501 WEST ECONOMY ROAD MORRISTOWN, TN 37814	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD B TAG CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
K 045 K 062 SS=D	hall, and 300 short lighting outside the with the Maintenan had been removed replaced.  NFPA 101 LIFE SA  Required automatic continuously mainta condition and are in	hall were not provided with exitexit discharge door. Interview on Director revealed the lights when the soffits were sprinkler systems are ained in reliable operating aspected and tested 6, 4.6.12, NFPA 13, NFPA 25,	What corrective steps will be taken to correct this alleged deficient practice? An outside vendor called to facility to assess sprinkler heads on 6-1-2010 and assessed all sprinkler heads of facility.  How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents have potential to be affected by sprinkler head corrosion. A	6-29-10
SS=D	This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure sprinkler heads were free of corrosion.  The findings include: Observation and interview with the Maintenance Director, on May 18, 2010 at 2:40 p.m. confirmed the sprinkler head outside the 300 short hall exit door was corroded.  NFPA 101 LIFE SAFETY CODE STANDARD  Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212°F (100°C). 19.7.8  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure extension cords and multiple outlet adapters were not used (NFPA 99, 3-3.2.1.2 (d) (2) states: There shall be sufficient receptacles located so as to avoid the need for		house wide assessment by Maintenance Associates and Outside Sprinkler Vendor of all sprinkler heads was conducted and replacement to those affected will take place by 6-15-2010.  What measures will be put into place of what systematic changes you will make to ensure that the deficient practice does not recur? A monthly audit by Maintenance Associates of sprinkler heads will be conducted during the cleaning of these	
			How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what qualitassurance program will be put into place?  A Performance Improvement Plan will be established to address sprinkler head issues and audits of condition of	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/20/2010 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CUA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 01 - MAIN BUILDING 01 B. WING 05/18/2010 445314 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **501 WEST ECONOMY ROAD** LIFE CARE CENTER OF MORRISTOWN MORRISTOWN, TN 37814 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAĠ TAG DEFICIENCY) sprinkler heads will be presented at the Continued From page 2 K 045 June 2010 PI Committee Meeting. hall, and 300 short hall were not provided with exit Members include: Medical Director. lighting outside the exit discharge door. Interview with the Maintenance Director revealed the lights Executive Director, Director of Nursing, had been removed when the soffits were Assistant Director of Nursing, Social Services, RN/LPN Unit Managers. replaced. NFPA 101 LIFE SAFETY CODE STANDARD K 062 Pharmacy Consultant, Registered SS=D Dictitian, Certified Dietary Manager, Required automatic sprinkler systems are Rehab Services Manager, Business continuously maintained in reliable operating Office Manager, Medical Records, condition and are inspected and tested 19.7.6, 4.6.12, NFPA 13, NFPA 25, periodically. Admissions Coordinator and Activities 9.7.5 Director K070 6-29-10 What corrective steps will be taken to . This STANDARD is not met as evidenced by: correct this alleged deficient practice? Based on observation and interview, the facility Immediately upon discovery of failed to assure sprinkler heads were free of equipment plugged into power strips the corrosion. The findings include: Maintenance Department surveyed each Observation and interview with the Maintenance resident room to assure no other Director, on May 18, 2010 at 2:40 p.m. confirmed extension or surge device was in use for the sprinkler head outside the 300 short hall exit medical devices by 5-20-2010. door was corroded. NFPA 101 LIFE SAFETY CODE STANDARD K 070 How you will identify other residents \$\$=D having the potential to be affected by Portable space heating devices are prohibited in the same deficient practice and what all health care occupancies, except in non-sleeping staff and employee areas where the corrective action will be taken? heating elements of such devices do not exceed All resident rooms will be inspected for 212°F (100°C). 19.7.8 power cord usage for medical devices by 5-20-2010. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure extension cords and multiple outlet adapters were not used (NFPA 99, 3-3,2.1.2 (d) (2) states: There shall be sufficient receptacles located so as to avoid the need for

PRINTED: 05/20/2010 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 445314 NAME OF PROVIDER OR SUPPLIER 05/18/2010 STREET ADDRESS, CITY, STATE, ZIP CODE LIFE CARE CENTER OF MORRISTOWN 501 WEST ECONOMY ROAD MORRISTOWN, TN 37814 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) K 045 Continued From page 2 What measures will be put into place or hall, and 300 short hall were not provided with exit what systematic changes you will make lighting outside the exit discharge door. Interview to ensure that the deficient practice with the Maintenance Director revealed the lights had been removed when the soffits were does not recur? Divisional Director of Maintenance and replaced. K 062 NFPA 101 LIFE SAFETY CODE STANDARD renovation has been contacted to quickly SS≈D evaluate with Licensed electrician the Required automatic sprinkler systems are availability of sufficient electrical outlets continuously maintained in reliable operating with recommendations for improvement condition and are inspected and tested periodically. 19.7,6, 4.6.12, NFPA 13, NFPA 25, to assure ample outlets for resident 9.7.5 medical equipment use. Nursing Associates will be inserviced by Maintenance Director on proper outlet usage annually. Maintenance Staff to do This STANDARD is not met as evidenced by: monthly room inspections for power Based on observation and interview, the facility failed to assure sprinkler heads were free of outlets in use to service medical devices. corrosion. These findings will be documented in The findings include: the Facility Preventive Maintenance Observation and interview with the Maintenance Logs. Director, on May 18, 2010 at 2:40 p.m. confirmed the sprinkler head outside the 300 short hall exit How the corrective action(s) will be door was corroded. monitored to ensure the deficient K 070 NFPA 101 LIFE SAFETY CODE STANDARD practice will not recur, i.e., what quality SS=D assurance program will be put into Portable space heating devices are prohibited in all health care occupancies, except in place? non-sleeping staff and employee areas where the A Performance Improvement Plan will heating elements of such devices do not exceed be presented at the June 2010 PI 212°F (100°C), 19.7.8 meeting. Recommendations from Master Electrician will be gathered and This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure extension cords and multiple outlet adapters were not used (NFPA 99, 3-3.2.1.2 (d) (2) states: There shall be sufficient receptacles located so as to avoid the need for

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DEPARTMENT OF HEALTH AND H

DEPAR	RTMENT OF HEALTH	AND HU 1 SERVICES				PRINTE	D: 05/20/2010	
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				FOR OMB NO	M APPROVED D. 0938-0391	
STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(XS) I	MULTIP	LE CONSTRUCTION	(X3) DATE		
		"PERTITION TON NOMBER,	A, BU	ILDING	01 - MAIN BUILDING 01	COMP	LETED	
<b>-</b>		445314	B. WI	NG		j	400045	
NAME OF	PROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE	1 05/	18/2010	
LIFE CA	RE CENTER OF MOR	RISTOWN		501	WEST ECONOMY ROAD			
					PRRISTOWN, TN 37814		:	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO GROSS-REFERENCED TO THE APP DEFICIENCY)	אַמ חווול	(X5) COMPLETION DATE	
K 070	Continued From page	ne 3	pres	ente	i-monitoring of this issue x			
	extension cords or multiple outlet adapters.) This has the potential to affect one (1) of six (6) smoke			nths	or till rectified. Members	•		
				ude: ]		ĺĺĺ		
	compartments.		include: Medical Director, Executive Director, Director of Nursing, Assistant					
	The findings include: Observation and interview with the Maintenance			Director of Nursing, Social Services				
	Director on May 18.	2010 at 1:15 p m. confirmed	RN/LPN Unit Managers, Pharmacy					
	power strips were used for medical devices in resident rooms 102 (feeding pump) and 118 (Oxygen concentrator).			Consultant, Registered Dietitian, Certified Dietary Manager, Rehab Services Manager, Business Office				
K 144								
S\$=F	META TOT LIFE SAF	-EIT CODE STANDARD	Man	ager,	Medical Records, Admissio	ns		
,	Generators are insp	ected weekly and exercised			or and Activities Director	:	6-29-2010	
	under load for 30 mi	nutes per month in	K144			<del></del>		
	accordance with NF	PA 99, 3.4.4.1, NFPA 110.			corrective steps will be taken		1	
					t this alleged deficient pract			
ł	This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide the emergency generator with a remote annunciator in a continuously monitored location. (NFPA 99, 3-4.1.1.15 and NFPA 70, Section 700-12)			It is the practice of this facility to assure that the generator system is maintained to be in compliance at all times with Life Safety Code NFPA 110, NFPA 99 and NFPA 101 to include: Evaluation of generator potential for an annunciator to be installed in a location that can be				
ł								
ĺ								
]								
	The findings include: Observation and inte	rview with the Maintenance			red 24 hours a day,	~		
İ	Director, on May 18,	2010 at 4:20 p.m. confirmed			u will identify other residen	te	1	
	the facility was not pr	rovided with a remote	ha	ving	the potential to be affected i	h-1)		
	annunciator for the emergency generator.			the same deficient practice and what				
		İ	co.	rrecti	ve action will be taken?		1	
			Fa	cility	generator is operable and in			
		}	go	od re	pair and function. Division			
			Di	rector	r of Maintenance and Renov		[	
			has	beer	a contacted to quickly evalue	ite		
			wit	th Lic	ensed Electrician the ability	to		
			COI	mect	an enunciator to existing			
					sly approved and currently			
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DEPARTMENT OF HEALTH AND HU

CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY DENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 445314 05/18/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 501 WEST ECONOMY ROAD LIFE CARE CENTER OF MORRISTOWN MORRISTOWN, TN 37814 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 070 Continued From page 3 What measures will be put into place or extension cords or multiple outlet adapters.) This what systematic changes you will make has the potential to affect one (1) of six (6) smoke to ensure that the deficient practice compartments. does not recur? The findings include: Observation and interview with the Maintenance In the event an enunciator can be Director on May 18, 2010 at 1:15 p.m. confirmed installed, the enunciator will be installed power strips were used for medical devices in by 8-20-2010. If it is found that an resident rooms 102 (feeding pump) and 118 enunciator panel can be retrofitted with (Oxygen concentrator), the previously approved and currently K 144 NFPA 101 LIFE SAFETY CODE STANDARD maintained generator, the facility will be SS⇒F will be assessed and quoted for a new Generators are inspected weekly and exercised under load for 30 minutes per month in generator installation with enunciator by accordance with NFPA 99, 3.4,4.1, NFPA 110. 8-20-2010. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality This STANDARD is not met as evidenced by: Based on observation and interview, the facility assurance program will be put into failed to provide the emergency generator with a place? remote annunciator in a continuously monitored Maintenance Director will monitor location. (NFPA 99, 3-4.1.1.15 and NFPA 70, ennunciator operation during monthly Section 700-12) generator load test and document in the The findings include: Observation and Interview with the Maintenance Preventive Maintenance Generator Logs. Director, on May 18, 2010 at 4:20 p.m. confirmed These findings along with a Performance the facility was not provided with a remote Improvement Plan will be present in PI annunciator for the emergency generator. monthly times 3 months. Attendees to PIT meeting include: Medical Director, Executive Director, Director of Nursing, Assistant Director of Nursing, Social Services, RN/LPN Unit Managers, Pharmacy Consultant, Registered Dietitian, Certified Dietary Manager, Rehab Services Manager, Business Office Manager, Medical Records, Admissions Coordinator and Activities Director

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